MARYLAND STATE DEPARTMENT OF HEALTH

08545	White 1-8-1886 last bighday, beign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A. WIDOWED DIVORCED Kent County Md. II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give stephoddress) licen Anne is Hos. during most of working life, eventived 12a. USUAL OCCUPATION (Kind of work during most of working life, eventived 13b. COUNTY Queen Anne is Hos. during most of working life, eventived 13b. COUNTY Queen Anne Church Hill YES NO None None		RYLAND 21201	08548							
fw total				_		2a. DATE OF		9 Ye	68	2b. HO	
3. SEX Male		hite					6. AGE (In years last birthday) YRS.	IF UNDER 1 1		F UNDER 24 HOURS	HRS. MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	U.S.A.		WIDOWI	ED DIVORC		AV 400	2 10				Md.
10. CITY OR TOWN OF DEATH Chestertown, Md	giy	NAME OF HOSPITAL OR INS	n Ann	If not in hospital nets Hos.				12b. KIN INDUST	D OF BL	JSINESS OF	g
13a. USUAL RESIDENCE (Where dece admission) STATEMarylan											
14. FATHER'S NAME First George				15. MOTHER'S MAII			Middle Dora		Hom	last ler	
16a. WAS DECEASED EVER IN U.S. A Yes, no you unknown) (If yes give					Recor	ds	Address Chesterto			land	
PART 1. DEATH WAS CAU IMMEI	SED BY: DIATE CAUSE (a) DUE TO, OI	Mystara	ais	2 wing	ym	dres	~.e			TE INTERVAL ET AND DEATH	н
rise to immediate cause (a stating the underlying caus		R AS A CONSEQUENCE OF	~	6	,0				- 0	9	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

22b. SIGNATURE

CERTIFICATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY?

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

YES 🗍 NO [

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. P.M. Month Day

21d. INJURY OCCURRED
While Nat while at wark AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY

21f. LOCATION Street ar R.F.D. Na

City or Town

County State

22a. I certify that (1) (this hospital) attended the deceased frameway. 3, 1968, ta 4, 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did nat) view the body ofter death.

22c. DATE SIGNED MED. DIRECTOR STAFF PHYS.

22d. PHYSICIAN'S NAME (Type) Dick, M.D.

ATTENDING PHYS. 22e. ADDRESS

Chestertown, Maryland

23a. BURIAL, CREMATION,	23b. DATE
BREMOWAL SPACIFY	JUNE 12

23c. NAME OF CEMETERY OR CREMATORY CHURCH

(County) (State)

25a. REC'D BY REGISTRAR DATE JUN 13 ADDRESS, 2Sb. FUNERAL DIRECTOR REGISTRAR'S SIGNATUR

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician ond completely filled i director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon pape. director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon paper should be filed with the State Dept. af Health priar to buriol, cremation, or removol, and in any event, within 7 Poge 4 may be retained by the hospital or attending physician.

Deeral 1 and 2 death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave arban papers. I should be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and in any even with 12 h.

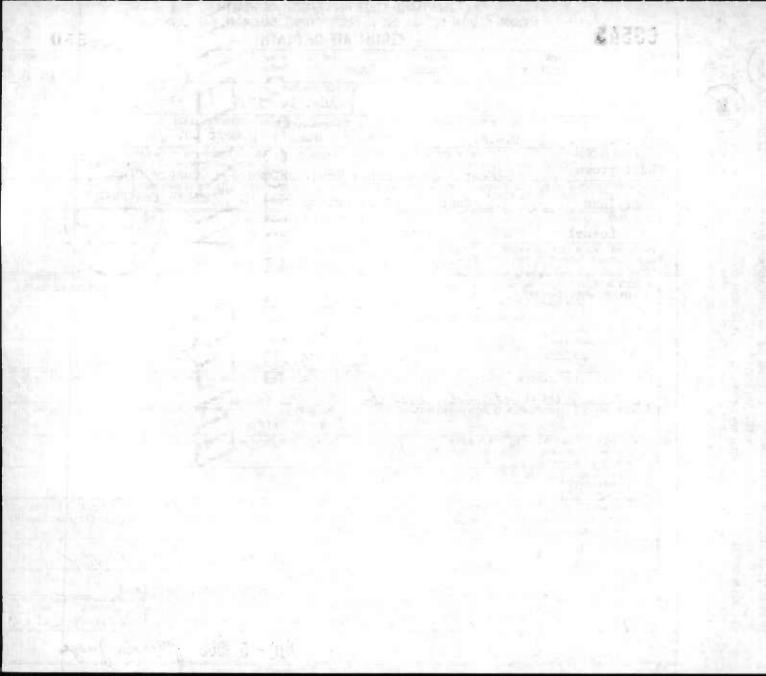
VR ANS (A) 30M REVO 68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W.

PRESION SIKEEL, BALLIMOKE, MAKTLAND ZIZUL			-		
CATE OF DEATH	V	8	5	4	0

00033			CERTIF	CATE OF	DEATH				082	43	
	rst	Middle		Last		2a. DA1					HOUR A
(Type or print)	າລ	S. MMN	F	Ront, rage	are a				1968	1.0	:25N
3. SEX .	Bontrager Constitution Country Country of post Country o		IF UNDER 1 YEAR	IF UNDE	R 24 HRS.						
Female	White			3-20	-53		last bir	thday)	MONTHS DAY	HOURS	MIN.
7o. BIRTHPLACE (State or foreign		IAT COUNTRY?	8. MADDIE			9. COUNT	Y OF DEATH			-	
country)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					10	C				
Dover Del		ME OF HOSPITAL OF IN						wash dana	12b, KIND (L DIICINIC	Mo
Chestertown	give s	itreet oddress) ent & Quee	n Ann	e's Hos	during m	Stude	king life, even	if retired.)	INDUSTRY	JE BUSINES	3 UK
		ian: Residence before	13c. CITY	OR TOWN			Be. STREET AND	NUMBER			
	d ISB. COUNTY	Kent	Wor	ton	YES N	0 (3)					
	Middle			IS. MOTHER'S A	ALIDEN NAME	First		Middle		Last	
Samuel	O. NM	N Bontrage	er.		T	illie	9	J. M	IN 3	oder	
				. INFORMANT							
100,110,010	ve war or dates of service)	272 56 20	11.6	Hoonit	al Rec	orde	Ch	ect ent	- OFFI	Ы	
				mospri	AT THE	0103	011	COUCI		XIMATE INTER	RVAL
DADT I DEATH WAS CAL	ISED RY.		1	. 1					BETWEEN	ONSET AND	DEATH
IMME	DIATE CAUSE (a)	YOCAVOLA	1/4	ilure					30	day	
391.d	DUE TO, OR A	A CONSEQUENCE OF	,			,				, (
		Myocard	tis	and 1	lano	CAEle	976		3.8	-day	0
last.			1:45	BUP.L					35	- da	B
PART 2 OTHER SIGNIFICANT					AL DISEASE OR	CONDITION	GIVEN IN PART	1(a)			1
1/0/0	Committee Committee		01 11211120	TO THE TERMINA	TE DISENSE ON			,(=)			
NO 190 DATE OF OPERATION 11	OF CONDITION FOR MA	ICH ODEDATION WAS DE	DEUDWED	20g AUT	ODCV2	120	UP IE AEC MED	EINDINGS (UNCIDEDED IN	CEDTIEVIN	IC.
19a. DATE OF OPERATION 19 21a. ACCIDENT WAS UNDERL	D. CONDITION FOR WIT	ICH OPERATION WAS PE	Krokimed						ONSIDERED IN	CEKTIFTIN	G
E ACCIDENT MAC INVESTOR	VIII.0		Tai	-		_					
			21c.	HOW INJURY O	CURRED (Ente	er nature of	f injury in Part	1 or Part 2,	Item 1B.)		
☐ OR CONTRIBUTING ☐ CAUSE OF I	miner) P.M.										
While Nat while	le. PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f.	LOCATION Stre	eet ar R.F.D. No	1.	City or Town		County		Stote
22a. I certify that (I)	this haspital) atte	ended the decease	ed fram_		, 19.6	58 , to	- une	2-, 19	60 the	ot (I) (v	ve) las
saw the deceased	glive on	no.	1968,0	ind that in (r	ny) (aur) ap	inian de	ath accurred	an the do	ate and hau	r and fr	am the
causes stated abo	ive, (I) (we) (did)	(did nat) view the	bady afte	r death. 🗀	-						
22b. SIGNATURE				ATTEND	1110	uco	CTAFF		DATE SIGNED		1
OF DESTRUCTION OF THE PARTY OF	01	Side In	DE DE	GREE PHYS.		DIRECTOR	PHYS.		6/3/6	8	
22d. PHYSICIAN'S NAME (Type) A.C.				22e. AD		own.	Md.				
					neter	23d. LO	CATION (City or	Town)	(Caunty)	(State	e)
24./ FUNERAL DIRECTOR	74/00	ADDRESS	J	I II OCI				of	SIGNATURE	•	
TO O O	2000-	Cheste	ertov	m, Md	DATE .	N 6	1968		SIGNATURE ()	udar	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08550 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR TO Last death guq (Type ar print) Year 1968 Arthur Samue1 Cann 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years requires that the death certificate be executed within 24 hours often last birthday) Aug. 10, 1909 Male Negro 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Kent Co., Md. Kent Co. U.S.A. WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired)
Steward - Country Club. carbon **INDUSTRY** Chestertown Kent & Oueen Annes Hosp. and in ony event, 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY NO X Washington Park Chestertown Kent 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Last Wicks Martha Dean Lemuel **NMN** Cann 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes na, ar unknawn) (If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal, 218-20-6532 Hospital Records / the attending phys APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMMITTON GIVEN IN PART as the hos been 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO M Dept. of Health certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 6-26 , 19 68 , ta 6-30 , 19 68 , and that in (my) (aur) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: After filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS PHYS Foge 4 may b 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Chestertown, Maryland director, shauld b Robert W. Farr 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. (County) Botton, CEM. REMOVAL (Specify) (NEAR! FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR ertowv.



08546

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08551

		CEASED-NAME First ype or print) Harri	ort	Middle Irene	Co	lost rter	20.	. DATE OF D	44 -4 -	968	Year		HOURP
ŀ	3. SE.		4. RACE	Trene		DATE OF BIRTH			6. AGE (In years	IF UNDER	R 1 YEAR	IF UNDER	
T		Female	White			Sept. 27	1880		last birthday)	MONTHS		HOURS	MIN.
ŀ	7a B	RIPTHPLACE (State or foreign 7)	b. CITIZEN OF WHAT CO	CVQTALLO				UNTY OF D	87 YRS				
ľ	coun	Delaware		JOHN I	WIDOWED X	NEVER MARRIED DIVORCED							
ŀ	0 0	ITY OR TOWN OF DEATH	US	F HOSPITAL OR INST	Land	_	110	ent (CO Kind of wark dane	Tion	VIND OF	BUSINESS	Md.
1	10. C	Chestertown	give street	oddress)			ing mast of		fe, eyen if retired.)		JSTRY	ROZINEZZ	UK
	3a.	USUAL RESIDENCE (Where deceased	LAGE COUNTY		13c. CITY OR TO		DE CITY LIMITS?		ET AND NUMBER		E41	110	
ľ	Julin	ssion) STATE and	13b. COUNTY Ker	it /	Chester	town YES] NO [512	High St	reet			7-2
ľ	14. F	ATHER'S NAME First	Middle	Last	1S. A	NOTHER'S MAIDEN N	AME First		Middle			Last	000
١		William	Eastbur	n		Mar	У	(Unk	nown)	Eas	stbi	ırn	
I	16a.	WAS DECEASED EVER IN U.S. ARMED	and deter of continu	SOCIAL SECURITY N		DRMANT			Address				
L	T	es, no ar unknawn) (If yes give war	2 J	L7-54-56	L8 Hos	pital Rec	cords,	Ches	tertown,	Mary			
I		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	ane cause per line for	(a), (b) and (c).)	- 1.	1	7.0	- 1				MATE INTLRY INSET AND D	
1			CAUSE (a)	sepsi	s (fin	Licen	шого	391		7.	-80	las	~
1		0009	DUE TO, OR AS A C	CONSEQUENCE OF	(Ser	ti cem	ca ? !	11/8					
1		Conditions, if any, which gove rise to immediate couse (o),	(b)		(,							11.7	
1		stoting the underlying couse	DUE TO, OR AS A O	CONSEQUENCE OF									
ı		last. 0534	(c)										
1		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING						, ,				
١	NO	arlense	elecolee			escula	uc						
	CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH O	PERATION WAS PER	FORMED	20a. AUTOPSY?	NO 🗌		'ES, WERE FINDINGS OF DEATH?	CONSIDER	ED IN C	ERTIFYING	,
1		210. ACCIDENT WAS UNDERLYING	F. C		21c. HOW	INJURY OCCURRED	(Enter notu	re af injury	in Port 1 or Part 2,	Item 18.)		
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner	HOUR A.M. Mo	anth Day Year									
	ME	21d. INJURY OCCURRED While Nat while of wark	LACE OF INJURY (AT HO		ORY.) 21f. LOCA	TION Street or R.F	D. Na.	City o	r Town	Count	ty	S	tate
1		22a. I certify that (I) (this	haspital) attende	d the decease	d fram_Ju	ne 18	19 68	, ta Ju	ne 24 , 19	9.68	, that	(I) (w	e) last
1		saw the deceased aliv	e on June 2	19	68 and 1	hat in (my) (au	r) apinian	death ac	curred an the d	ate and	haur	and fra	m the
1		causes stated abave,	(I) (we) (did) (did	nat) view the b	ady after de	ath.			120 - AL				
		22b. SIGNATURE	W Jac	_	DEGREE	ATTENDING PHYS.	MED. DIRECTO	OR	CTACE	DATE SIC		68	/
1		22d. PHYSICIAN'S				22e. ADDRESS						0	
		NAME (Type) Rober	t W. Farr,	M. D.		Chest	ertow	n, Ma	ryland				
f		BURIAL, CREMATION, 23b. DA		23c. NAME OF C					(City ar Tawn)	(Caur		(State	
		Buria (Specify) 6/	28/68	Mill	Creek	(Quaker		near	Newarl	c, D	ela	war	e
	24	FUNERAL DIRECTOR	() Che	ADDRESS	wn. Md	2Sa. R	IN 2 7	ISTRAP 6	2Sb. REGISTRAR	S SIGNAT	URE	ga	

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon popers. Pog spould be filed with the Stote Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours is a continuous or the stote Dept. Of Health prior to burial, cremotion, or removal, and in any event, within 72 hours is a continuous or the stote Dept.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Poge 4 moy be retained by the hospitol or ottending physicion.

REPORT SHOP TO NOT

W 08547

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08552

1 DECEASED HAME	Fire		A4: 1.16.	CLIVIII	Last	PEAIII	12- 0	ATE OF DEATH				2h HOUD
DECEASED-NAME (Type ar print)	First Hel et		Middle B.		Church		20. D	ATE OF DEATH Manth	13	. Year	00	2b. HOUR
cry	пете	4. RACE	D ₀		S. DATE OF B	IDTU		June 6. AGE (In		IF UNDER 1 YEA		UNOER 24 HRS.
3. SEX								last birth	day)	MONTHS OA		OURS MIN
Female		White		I a	Jan.25		7	77	YRS.			
7o. BIRTHPLACE (Stote country)	or foreign	7b. CITIZEN OF WI			D NEVER MA			ITY OF DEATH				
N.Y.		U.S.A.		WIDOWE		RCED _		ent				M
o. CITY OR TOWN OF I			AME OF HOSPITAL OR IN: street oddress)	STITUTION (I	f not in hospitol			PATION (Kind of woorking life, even if reware		12b. KIND INDUSTRY HOT		SINESS OR
13a. USUAL RESIDENCE odmission) STATE	(Where decease	From COUNTY	tian: Residence befare Kent	13c. CITY Mill:	or town	13d. INSIDE CITY YES N	LIMITS?	13e. STREET AND N	UMBER			
14. FATHER'S NAME	First	Middle	Last		15. MOTHER'S N	AIDEN NAME	First		Middle			Lost
	George		Billing	TS			Edna			Be	ned	liet
160. WAS DECEASED EV	ER IN U.S. ARME		16b. SOCIAL SECURITY		7. INFORMANT	*	13		Address			054
Yes no, or unknown) (If yes give wa	r or dates of service)	220-44-5	754	C. Gordon	n Chur	ch. I	18035 N.W	1. 18th	Ave:	Mi	ami
	18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ano sauso nos li	1							APPR	OXIMATE	INTERVAL
	TH WAS CAUSED	BY:	Coroner		clon	_				BETWEE	EN ONSET	ANO OEATH
1/120	IMMEDIAT	E CAUSE (o)		11	0000	•				1	70	0-1-2/
Conditions if an	, which gave	DUE TO, OR	AS A CONSEQUENCE OF	1	-0 00	~ ~ ~	-0			1	1.0	
			Harden		of oc	ord ve	res			~	7	45
	erlying couse	DUE TO, OR	AS A CONSEQUENCE OF	1		lian	A1			30	10	
last.	,	(c)				1000	- Fell	auxe	-		pe	70 -
PART 2. OTHER S	IGNIFICANT CONE	OHIONS CONTRIBE	ITING TO DEATH BUT N	OI RELATED	TO THE TERMINA	AL DISEASE OR	CONDITIO	N GIVEN IN PART I	(a)			
8 4701				0500450		- Davis		and it was then	CINDINOS CO	AIGIDEDED II	L CEDTI	EVILLO
19d. DATE OF OPER	CATION 19b. C	UNDITION FOR WE	IICH OPERATION WAS PE	REUKMED	20a. AUT			20b. IF YES, WERE I	rindings (u	INZIDEKED IN	LEKII	FIING
NI N					YES		_					
		TIO. TITLE O	F INJURY Manth Day Yeor		HOW INJURY OF	CURRED (Ent	er nature	af injury in Port 1	or Part 2, It	tem 18.)		
(If either, natify	medical exomine	er) P.M.		9					100			
While Nat w	hile 🗆		(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	/	LOCATION Stre			City or Tawn		Caunty		State
22a. I certify	that (I) (this	haspital) att	ended the deceas	ed fram_	May 11	o·, 19_	62	to here	13, 19	60, th	iat (l) (we) la:
saw the causes s	deceased ali tated abave,	ve an(I) (we) (did)	(did not) view the	bady afte	and tha f in (n er death.	ny) (aur) aļ	oinian d	eath accurred o	in the dat	te and hai	ur an	d from th
22b. SIGNATURE	e m.	Knol	ruler -	DE	GREE PHYS.		MED. DIRECTOR	STAFF PHYS.	□ 22c. C	ere Signed	t·L	960
22d. PHYSICIAN'S NAME (Type	Geza K	oralewsk	i. M.D.	j P.E	22e. AD Mi		on, M	id. 21651	V			
230. BURIAL, CREMATIC				CEMETERY	OR CREMATORY			LOCATION (City or T		(Caunty)		(State)
Buffat (Specify	Jun	e,16,196	8 Milling	gton (Cemetery	7	Mil	lington,		Kent	M	d.
24. FUNERAL DIRECTOR	?		ADDRESS		03053	2So. REC'D			EGISTRAR'S			
Edward Fe	llows &	Son,	Millington	n, Md.	Z1651	DATE JI	JN 1	7 1988	ycho	wees >	100	7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the raneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I ame shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician. SOM REX 1/88

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J. M. Lims Israil age

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CFRTIFICATE OF DEATH

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0	0	2	0	.3

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	Page 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Rigeral	director, page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Page and 2	, should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours after death.

	ECEASED-NAME Type or print)	First Carri	P	Middle NMN		lost Clenden	ino	20. DATE OF	June 20,	1968 ^{Yeor}	3	b. HOUR
3. SI	rv	Curi	4. RACE	Z1Z AZ1		S. DATE OF BII	0		6. AGE (In years	IF UNDER † YE	AR TEUN	DER 24 HRS.
	E Female		White	2			.8, 187	8	gost birthdoy)		AYS HOUR	RS MIN.
70.	BIRTHPLACE (Stote or fo	oreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MAR	RIED	9. COUNTY OF	DEATH			
coul	ntry)Maryland		US		WIDOWED		CED 🔲	Kent	Co.			Md.
10. (CITY OR TOWN OF DEAT	ГН	11.	NAME OF HOSPITAL OR	INSTITUTION (If n	ot in hospital			(Kind of work done		OF BUSIN	ESS OR
C	hestertown		99	estreet oddress Que	en Anne	's Hosp	i tal mo	St of working Hou	sewife	INDUSTR	1	
13o. odm	USUAL RESIDENCE (Whission) STATE Mary lan	ere deceose	d lived, if insti 13b. COUNTY	tution: Residence befor	Sudle	TOWN	13d. INSIDE CITY LIN		REET AND NUMBER			Marie
		irst	Middle			. MOTHER'S MA	IDEN NAME FI		Middle		lo	st
	Sam	ue1	Georg	ge Wall:	S		Tem	nie	NMN	1	Lolle	200
	. WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURIT		NFORMANT	10111	PIC	Address		30110	
N	(es, no, or unknown)	(If yes give wo	or or dates of service)		Н	ospital	Recor	ds	Chestertow	n. Mar	rvlan	ıd
		H (Fnter onl	y one couse per	line for (o), (b), and (0 10	APF	PRÓXIMATE IN	TERVAL
	PART I. DEATH V				DIKIE	or all	LEAD	710	C.V.D	OCT III	LEN ONSET AN	DUANT
-0	4129	IMMEDIA	TE CAUSE (o)	R AS A CONSEQUENCE O	OK CONTRACTOR	1		7	~		. <	
	Conditions, if ony, w	hich gove)		K AS A CONSEQUENCE C	or A	8		+ 0		arro	mu	١.
	rise to immediate c		(b)	R AS A CONSEQUENCE O) F			Martin	Lest a	16	utle	mily
	stoting the underlyi	ng couse	(c)	K AS A CONSEQUENCE C	,			0.00	Test w 7	XI		
		FICANT CON		BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE OR CO	ONDITION GIVE	N IN PART I(o)			
	4201	ILICANI CON	DITIONS CONTIN	2011110 10 021111	NOT KEDTIED I	o THE TERMINA	. DISDIGE GIVE		.,			
TION	190. DATE OF OPERATION	DN _ 19b. 0	ONDITION FOR	WHICH OPERATION WAS	PERFORMED	20o. AUTO	PSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED	N CERTIFY	ING
CERTIFICATION	1-17-68	Fig	1	. La Out	0444	YES 🗀	NO F	CAUSES	OF DEATH?			
CERT	210. ACCIDENT WAS	UNDERLYIN	G 21b. TIME	OF INJURY	21c. H			noture of inju	ry in Port 1 or Port 2,	Item 18.)		
	OR CONTRIBUTING		HOUR A	M. Month Doy Ye	or DI	Lon:	ha lean	- + leas	astrul 1	n Id	ays	
MEDICAL	(If either, notify med	FD 21a	PLACE OF INJUR	M.) I we I (Y / AT HOME, FARM, STREET,	19 G8 14-	CATION Stree	t or R.F.D. No.	City	or Town	County	-	Stote
	While Not while of work		COLLE OF MAGIN	OFFICE BUILDING, ETC.)	311011 31100	, 0, 1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	,				
	220 certify th	ot (I) (thi	s hasnital) a	ittended the deced	sed from J	une 13	. 19 6	8 . ta .	June 20 19	68 . t	hat (I)	(we) last
	sow the de	ceosed of	ive onI	ine 20	_19_68, on	d that in (m	y) (our) opir	nion deoth	occurred an the d	ate and ho	ond	fram the
6		ed abave	, (I) (we) (di	d) (did nat) view th	e body after	deoth.						
失	22b. SIGNATURE			2005		ATTENDIN	IG MI	ED.	STAFF 22c.	DATE SIGNED)	_
		1536	6	leville	MID DEGI	REE PHYS.	DI CI	RECTOR L	PHYS. L	s - Je	0-61	8
	22d. PHYSICIAN'S NAME (Type)	A C	D4 -1-	W D		22e. ADD						
,			Dick,				estert		aryland			
230	BURIAL, CREMATION, REMOVAL (Specify)	236. 0	ATE 5 3	10/0 23c. NAME (OF CEMETERY OR		tien	23d. JOCATI	ON (City or Town)	(County)	mist	grey
0.	a divin	170	was,	100 Aug	1000-	ulem	alery	AUGUSTON	1 ach acouston	CIONATURE	11/4	1
24.	FUNERAL DIRECTOR	Yok,	March	Minds ADDRE	has		DATE JUN		25b. REGISTRAR'S	SIGNATURE	Inda	4
	Lawren	11111	200	access w	11140	11	DAIL JU	וטמן	MAN /	1	10	

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grangle 1-34		Shahah	7** 11101			
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within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 70 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00043			CEI	RTIFICA	TE OF DEATH				0855	54
1. DECEASED-NAME	First		Middle		Last	2a. l				2b, HOUR
(Type or print)	Emma		Rosalie	D	ean		June 7,	1968	Year	7:30
3. SEX		4. RACE					A AGE (In	Vones IF		IF UNDER 24 HRS.
Female		White			February 3	, 188	88 80	YRS.	JAINS DATS	HOURS MIN.
7o. BIRTHPLACE (State	or foreign 7	b. CITIZEN OF WHAT C	OUNTRY? 8.	MARRIED [NEVER MARRIED	9. COU	INTY OF DEATH			
Pennsy	lvania	US			DIVORCED	Ke	ent Co.,			M
IU. CITT OR TOWN OF	DEATH	11. NAME (oddress)	ITION (If not i	n hospitol 120. US				12b. KIND OF E INDUSTRY	BUSINESS OR
13a. USUAL RESIDENCE	(Where deceased	lived, if institution:	Residence before 130	Fat Mild.	TWN 13d. INSIDE CITY					
odmission) STATE Marvlai		I 13b. COUNTY			Vrc	NO 🔀	Rt. #1.	Trusl	ow Roa	d
14. FATHER'S NAME	First	Middle	Last			First		Middle	ON TOOL	Last
J	ohn	Jackson	Hallowel	1	E1:	la	Cor	delia	Stac	khouse
16a. WAS DECEASED E	VER IN U.S. ARME	D FORCES? 16b.								
Yes, no, or unknawn	n) (If yes give war	or dates of service)	96-26-3254	Но	spital Rece	pods	C	hester	town.	Md.
18. CAUSE OF D	EATH (Enter anly								APPROXIM	NATE INTERVAL
	ATH WAS CAUSED	DV.	AU.	2000	cloni				45	-68-
202		DIE TO OP AS A	CONSEMIENCE OF							
Conditions, if an	y, which gove)	00L 10, 0K A3 A	e	.0	- f		0		3100	امنه
rise to immedia		DUF TO, OR AS A	CONSEQUENCE OF	upa	\$ 40	use	~		0	()
last.	eriying cause	(c)	constant of							
PART 2. OTHER S	SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE OF	R CONDITIO	ON GIVEN IN PART 1((0)		
2001								SHEET!		
19a. DATE OF OPE	RATION 19b. CC	ONDITION FOR WHICH C	PERATION WAS PERFO	RMED	20a. AUTOPSY?	7	20b. IF YES, WERE F CAUSES OF DEATH?	FINDINGS CONS	SIDERED IN CE	RTIFYING
210. ACCIDENT V	WAS UNDERLYING	21b. TIME OF INJ	URY	21c. HOW		_	e of injury in Part 1	or Port 2, Iter	m 18.)	
OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. M								
While Not w	URRED 21e. P	LACE OF INJURY (AT H		21f. LOCA	TION Street or R.F.D. N	No.	City or Town		Caunty	Stote
22a. I certify	that (1) (this	haspital) attende	ed the deceosed	ram_Ap	ril 29 , 19	68,	to June 7	, 19 6	8 , that	(I) (we) la
saw the	deceased aliv	ve an Jun	e 7 196	8, and t	hot in (my) (eur) o	pinion o	death occurred o	n the date	and haur o	ind fram th
22b. SIGNATURE	14,15	٨.	- (1. 5		ATTENDING -	MED	STAFF 6			
	First Middle Lost Dean June 7, 1968 Year 22, 1978 June 7, 1968 Year 1978 Year 1978 Year 1978 Year Year									
22d. PHYSICIAN'S NAME (Type		Dick, N.D	•			town	, Marylan	d		
23a. BURIAL, CREMATI		10/68				- 23d. Dr	LOCATION (City or Texel Hi	^{awn)} 11, P		(State)
24. FUNERAL DIRECTO		0.0	ADDRESS		2So. REC'D	BY REGIS	STRAR 2Sb. R			-
HOW	is WE	Vlo Ch	nestertov	wn, M	d. DATE J	UN]	0 1968	Villa	Mar U.	100

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MARYLAND STATE DEPARTMENT OF HEALTH G 406 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08555 CERTIFICATE OF DEATH Middle DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR Dougla requires that the death certificate be executed within 24 hours after death eath era (Type ar print) nz 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNGER 1 YEAR IF UNOER 24 HRS. last_birthday) OAYS HOURS MONTHS EUST 2 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED popers. country) physician and completely filled in DIVORCED 1and and in any event, within 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, eyen if refired.) **INDUSTRY** corbon TOW HOSPITAL UnempLoved 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY remove 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle Lost Last PR please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) signed by the attending physi buriol-transit permit. Then pl burial, cremation, or removal, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if ony, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been the ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 00 CAUSES OF DEATH? YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY County City or Town Stote While Nat while at wark Stote 22a. I certify that (1) (this hospital) attended the deceased from 6-20 , 1968, ta 1968, and that in (my) (pur) opinion death occurred an the date and hour and from the saw the deceased alive on director, page 3 should should be filed with the causes stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. PHYS. O HOSPITAL 22d. PHYSICIAN'S 22e_ADDRESS NAME (Type) BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY (City or Town) (County) REMOVAL (Specify) EM. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

8888 A to a company of the control of the control of the Mary Local Street Commencer The same of the sa Marine State of State of State of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DAP I. DECEASED-NAME First Middle 2a. DATE KNOWN - Month (Type or Print) OF ESTI-JAMES DAVID CLENN 6 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Doy 8 6/4/47 Male white 70. BIRTHPLACE (Store or foreign country) Thrusand 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Kent Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done hestertown le, Md give street oddres Kent & Queen Annes during most of working life, even if relired.) death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3. STREET AND NUMBER Treet odmission) STATE 13b. COUNTY Rock Hall Kent Item] l and 2 after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Last Delma Davis Glenn Eldridge haurs pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Eldridge Glenn Sn-Rock Hall, Maryland pencil File = within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit permit. PART I. DEATH WAS CAUSED BY: pending DAGMA IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause shauld be farwarded to the . PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year P PRIMARY OR CONTRIBUTING 5:100 A.M Run over by a truck CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town DIRECTOR: Page USYRT 213 4 miles north of Centreville, A County. Md. burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection , Inquiry , Natural causes , Accident , death resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER 5 may 70 FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or coun Chestertown, Md. ROBERT 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY Kent (County) Wesley (hapel June 11

J8556

8-68 10

Year

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

GETWEEN ONSET AND DEATH

20. AUTOPSY?

YES 🕌

and in my apinian

County

DATE JUN 11

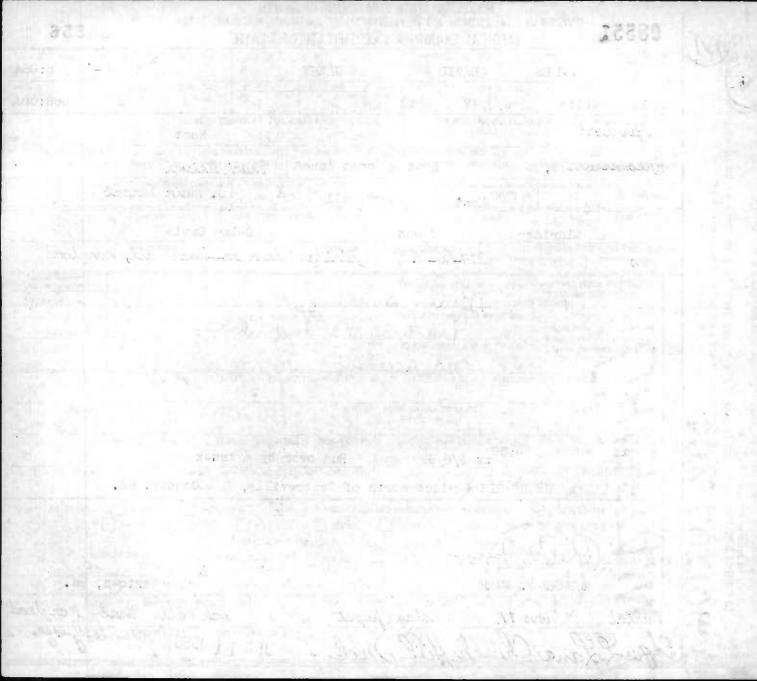
2b. HOUR

2d. HOUR

8:08A

10 688;08A

Day



FOR STATE DEPT.

in pencil in Item 18. Give Poges 1, 2, and 3 to State Department of ny deloy is PM3. Page FORTH DICAL EXAMINER: This certificate should be executed within 24 hours after death the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with "pending" necessory, please execute the certificate, writing the word

5 may be retained far your files.

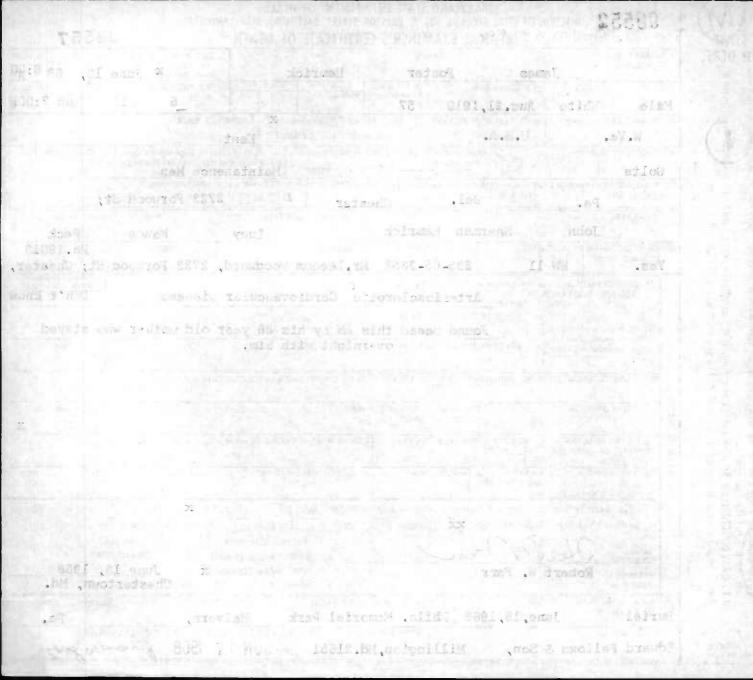
TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. DECEASED-NAME	Fir				CENTILI	Last	J1 D1	7111				Yeor	2b. HOUR
(Type or Print)	J	ames	Fos	ter	На	amric	ek		OF ESTITUTE June 13, 1968 8: AG 2c. DATE PRONOUNCED DEAD 2d. HOUR Month 6 Doy 13 Yeor 68 7:00 K NTY OF DEATH t				
3. SEX	4. RACE	S. DATE OF BI	RTH						_	RONOUNCED DEAD			
Male	White	Aug. 21	.1910			OAYS	HOURS	MIN.	Month	6 Doy	13 Yeo	80,10	7:001
	te or foreign			8. A	MARRIED	NEVER MA	RRIED PC	9. COU	NTY OF DE	ATH	100		
country) W. Va	•	U.S.A.						Ken	t				N
Golts	OF DEATH		Middle Foster										
130. USUAL RESIDER admission) STAT		ased lived, if instit	utian: Residen			13					-		
	Pa.	_ +						NO 📗	2723		St;		
14. FATHER'S NAME	First				IS. MOTI	HER'S MAI	DEN NAME	First		Middle		Las	t
	John	Shei	man H	amrick		9		Lucy		Maude		Peck	k
				ECURITY NO.	17. INFORM	AANT				ADDRESS	I	Pa.19	9013
Yes.	WW	ve war or dates at service)	235-0	5-3352	Mr. Le	edon	Wood	dwar	1, 27	23 Forwo	od St	: Che	ester
	DEATH WAS CAUS	SED BY:			tic C	lardi	ovaso	cular	r Dise	ease	BET	TWEEN ONSET	I AND GEATH
) (b) F	ound de	mead th					ar old	Month 6 Doy 13 Yeor 68 7:00 F OF DEATH M TION (Kind of work done king life, even if retired.) INDUSTRY INDUSTRY Middle Lost Maude Peck ADDRESS Pa.19013 2723 Forwood St; Chester, APPROXIMATE INTERVAL BETWEEN ONSE AND OCATH Don't know Old mother who stayed VEN IN PART 1(a) 20. AUTOPSY? YES NO injury in Part 1 or Part 2, Item 18.) City or Town County State Industry Ind			
last.		(c)											
417	SIGNIFICANT COM	NDITIONS CONTRIBU	TING TO DEATH	BUT NOT RELATE	ED TO THE TE	RMINAL D	ISEASE OR	CONDITIO	N GIVEN IN	PART 1(a)			
19a. DATE OF	OPERATION				PERATION						20.		
	OR CONTRIBUTING	HOUR A	i.M.		21c. HOW I	NJURY OC	CURRED (Er	nter natur	e af injury	in Part 1 or Part 2	!, Item 18.)		
- Liai Insolti o				, street,	21f. LOCATIO	ON Street	or R.F.D. No		City o	r Town	County	у	State
22a.	certify that I	taak charge af	the remains	described abo	ve, held a	n Auta	psy ,	Ins	pectian [Inquiry	, ar	nd in m	ny opinia
death r	esulted fram:	Natural cau	ises 🔯,	Accident .	Suicide		Homicio	de 🔲	Undet		er		
	01	00		,		(HII	EF MEDICAL	EXAMINE	-				
ACTUAL SIGNATURE.	Whee	XVT	en										
EXAMINER'S NAME (Type		t W. Fari											l.
23a. BURIAL, CREM		b. DATE	23c. 1	NAME OF CEMETE	RY OR CREM	ATORY		23d.	LOCATION	(City ar Tawn)	(County)) (5	tote)
Burral (Spe	A RACE S DATE OF BIRTH 6.06(E. pyeor) 10.0005 70.0005												
24. FUNERAL DIREC	TOR									*	Doy Yeor 2b. HOUR 8: QG. 13, 1968 2d. HOUR 2d. HOUR 3 Yeor 68 7:00 M. 12b. KIND OF BUSINESS OR INDUSTRY Last Peck Pa. 19013 Peck Peck Peck Peck Peck Peck Peck Peck		
Edward F	ellows A	& Son.	M111	ington 1	Md_ 216	351	DATE	IIN 1	7 19	AR VCL	conta.	Vacas	201

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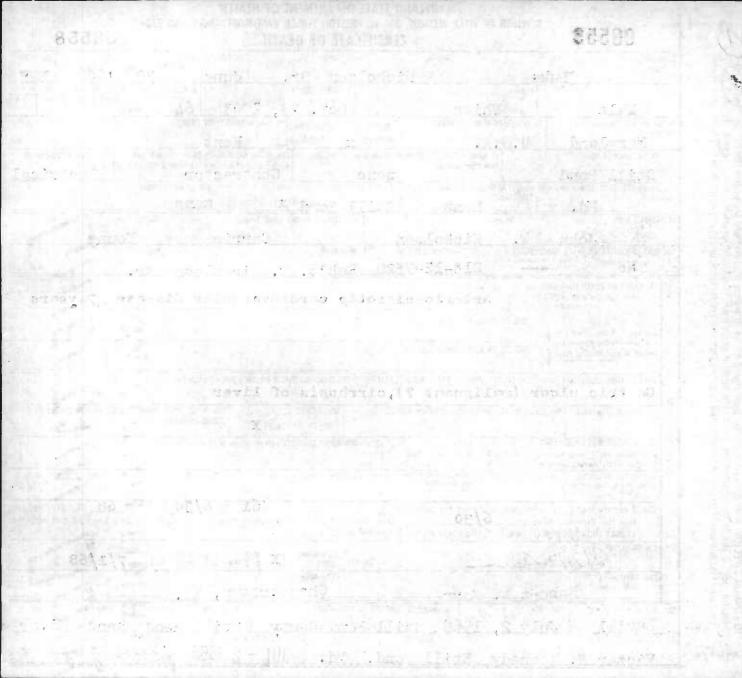
TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		00555		CERTIFICATE OF DEAT	H		0855	8
		ECEASED-NAME Firs		Lost	2o. DATE OF	Month Day	Year	2b. HOUR
	-			icholson Sr.	June	30	168	and the second
	3. SE		4. RACE	S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN.
		Male	White	Oct. 23,	1903	O4 YRS.		
	70. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF			
		Maryland	U.S.A.	WIDOWED DIVORCED	Kent			Md.
	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:	durin	a most of working	(Kind of work done life, even if retired.)	VATZUGINI	
K	10	Still Pond		none	ontract	or	Elect	2b. HOUR 1 P M IF UNDER 24 HRS. HOURS MIN. Md. F BUSINESS OR CTrical Lost Lost CERTIFYING Stote It (I) (we) last rond from the
4	admi	ission) STATE	ased lived, if institution: Residence before	VEC	NO	REET AND NUMBER		Lost Md. BUSINESS OR trical Lost ERTIFYING Stote (State)
1	14.	Md.	Kent	Print Louis		one		
1	14. 1	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM		Middle		Lost
3. SEX 70. BIRT country) 10. CITY 130. USL admissio 14. FATH 160. WA Yes, r 18. Cai risk sto las		WAS DECEASED EVER IN U.S. AR	T. Nicholso		Carrie	Address	oung	
	100. Y		war or dates of service) 218-12-7					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 years RED IN CERTIFYING 1. that (I) (we) last d hour and from the IGNED 1. Md. 1. Inty) 1. (State) 1. Inty 1. (State)
					Nichol	son Sr.	APPROXIA	MATE INTERVAL
		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b), and (c). ED BY:	lerotic cardio	wa coula	r disease	BETWEEN ON	
			DIATE CAUSE (a)		vascula	1 015005	, / y	Bars
		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF					ONSET ANO DEATH
		rise ta immediate cause (a),	(b)					
		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
		- / 2 4 1	ONDITIONS CONTRIBUTING TO DEATH BUT N	INT DELATED TO THE TEDMINAL DISEASE	OPCONDITION GIVE	N IN PART 1(a)	1	
		Gastric ulc	er (malignant ?), cirrhosis of	liver	in in raki i(u)		
	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PE	ERFORMED 20a. AUTOPSY?	20b. IF	YES, WERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
2	IFIC			YES NO	CAUSES	OF DEATH?		
		210. ACCIDENT WAS UNDERLY	Electrical and interest	21c. HOW INJURY OCCURRED (ry in Part 1 ar Part 2, I	tem 18.)	
	MEDICAL	or contributing Cause of OE (If either, notify medical exam	ATH HOUR A.M. Month Doy Yeor					
	ME	21d. INJURY OCCURRED 21e	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAI	CTORY.) 21f. LOCATION Street or R.F.D.	. Na. City	or Town	County	Stote
		While Not while at work	COFFICE BUILDING, ETC.					Lost Lost Lost Certical Const interval inter
		22a. I certify that (I) (t	his haspital) attended the decease	ed from, 1	9.61 , ta 6	/30 , 19.	68 , that	(I) (we) last
		saw the deceosed	olive on 6/30 ve, (I) (we) (did) (did not) view the	1968, and that in (my) (our)	opinion deoth	occurred on the do	te and hour o	and from the
		22b. SIGNATURE	re, (1) (we) (aid) (aid not) view the	body affer death.		220	DATE SIGNED	
		SLIT	212	DEGREE PHYS.	MED.		7/1/68	
1		22d. PHYSICIAN'S		22e. ADDRESS	DIRECTOR -	FIII.5. — [4	/ = / 00	
- 1		NAME (Type) Rob	ert W. Farr	Cheste	rtown.	Ma	6/3	Md. BUSINESS OR Crical Lost Lost ANTE INTERVAL SET AND DEATH BATS RTIFYING Stote (I) (we) lost and from the
	23a.	BURIAL CREMATION. 23b.		CEMETERY OR CREMATORY		ON (City or Town)	(Caunty)	(State)
P	1	REMOVAL (Specify)		ill Pond Cemty			, , , , ,	Lost Lost Lost AMATE INTERVAL INSET AND DEATH CATS ERTIFYING Stote (I) (we) last ond from the ond from
N	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	86/1
68		Victor N. K	Sennedy Still P	ond. Md. DALU	1 - 2 198	18 golian	les Judg	Lost ITE INTERVAL ET ANO DEATH O ATS TIFYING Stote I) (we) last and from the



the State Department

2, and 3 Pá

in pencil in Item 18. Give Pages 1

necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Health prior to burial, cremation, ar removal, and in any event within 72 haurs

files.

5 may be retained far your

24 haurs after death

This certificate shauld be executed within

SICAL EXAMINER:

TO DEPUTY

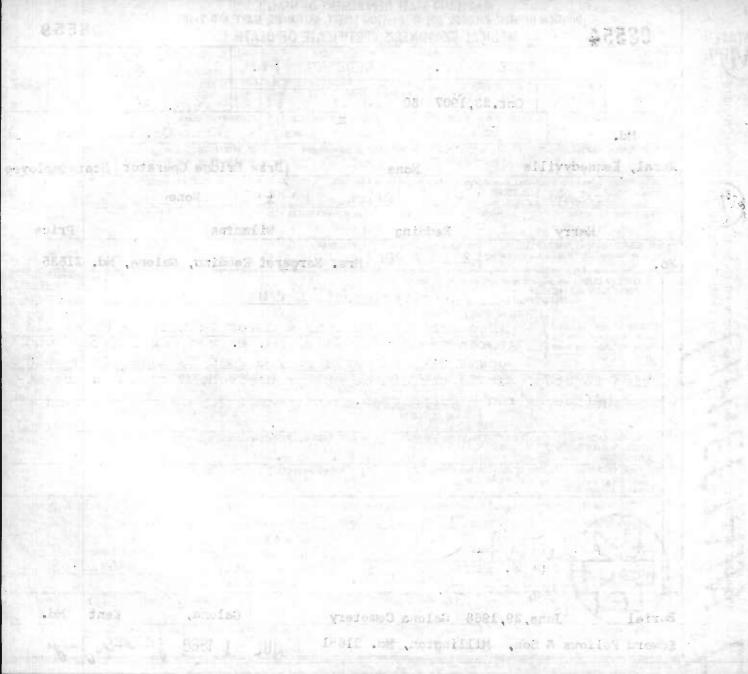
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0853	54	MEDICA	L EXAMINE	R'S CERTIFICAT	TE OF DEATH		0.0	1009
1. DECEASED-NAME (Type or Print)	First H	ARRY	Middle P.			20. DATE KNOWN 2 OF ESTI- DEATH MATED		Yeor 2b. HOUR 8 19 M
Male Male	white		1907 60	birthday) MONTHS DAY YRS.	'S HOURS MIN.	Month / 26		2d. HOUR
7o. BIRTHPLACE (Sto	te or foreign 7b	USA		WIDOWED	DIVORCED		o. Maryla	and M
		Table season	et address)					
13a. USUAL RESIDEN	YCE (Where deceosed ryland			Galena	13d. INSIDE CITY LIMITS? YES NO			
14. FATHER'S NAME	First Harry	Middle	Lost Reddin				Middle	Last Price
	VER IN U.S. ARMED FO		b. SOCIAL SECURITY N	O. 17. INFORMANT		ADDR		21635
18. CAUSE O PART I. 412	DEATH WAS CAUSED I	CAUSE (o) DUE TO, OR AS	for (o), (b), and (c). Arterio A CONSEQUENCE OF	sclerotic	CVD		Ar BETV	everal vears
rise to immerstating the u	diate cause (a), anderlying cause	oue nor to	hoonstenke t with	nnedyvill n0 ma e ks	e, Md. H on the r	e ran of oad to i	t the ro	ad and he had
			. CONDITION FOR V	WHICH OPERATION	a prebent	A CAPANT I		AUTOPSY?
	OR CONTRIBUTING	21b. TIME OF INJU HOUR A.M. P.M.	JRY Manth, Day, Yea	21c. HOW INJURY	OCCURRED (Enter nat	ture af injury in Port 1	or Part 2, Item 18.)	leand Land
				21f. LOCATION St	eet or R.F.D. Na.	City ar Town	Caunty	State
DECEASED-MAKE First HARRY P. REDDING Sr. Deceased March Deceased Ma								
23a. BURIAL, CREMA REMOVAL (Spe Burial	ATION, 23b. D	ATE	RRY P. REDDING Sr. Defath MATED 6/26/68 19 M. Defath MATED 6/26/68 7400 2d. HOUR OCt_23_1907 60 VRS. 8 WARRIED 80082 NAME. 2d. DATE PRONOUNCED DEAD 7400 2d. HOUR MONED 100082 10008					
Detail State Name Fart Flags F								

VR A15ME (5) 10M REV. 1/68



Middle

DAYS

12b. KIND OF BUSINESS OR

2b. HOUR

VR A15 (4) 30M REV. 1/68

1. DECEASED-NAME

3. SEX

(Type or print)

7o. BIRTHPLACE (Stote or foreign

16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gave

rise ta immediate couse (o),

stoting the underlying cause

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(If either, notify medical examiner)

19a. DATE OF OPERATION

21d. INJURY OCCURRED

While Nat while at wark

10. CITY OR TOWN OF DEATH

Yes, no, or unknown)

14. FATHER'S NAME

First

13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before

(If yes give war or dates of service)

4. RACE

7b. CITIZEN OF WHAT COUNTRY?

OTTO

22d. PHYSICIAN'S Jorge Oteiza NAME (Type)

24. FUNERAL DIRECTOR

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 220. I certify that (I) (this hospital) attended the deceased from JUNE 17, 1968, to JUNE 28, 1968, that (I) (we) last saw the deceased alive on JUNE 28, and that in (my) (aur) apinian death occurred an the date and hour and from the 22c. DATE SIGNED MED. DIRECTOR M. DDEGREE 22e. ADDRESS Chestertown, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) Chester Cemetery Chestertown, Md. Chestertown, Md DATE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) GASTRIC AND DUE TO, OR AS A CONSEQUENCE OF 1) Cirrhosis OF THE LIVER DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M.

3

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES 🖂 NO 🔽

Lost

8. MARRIED NEVER MARRIED

17. INFORMANT

WIDOWED -

13c. CITY OR TOWN

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

6718

DEC. 31

DIVORCED [

15. MOTHER'S MAIDEN NAME First

YES NO

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

20. DATE OF DEATH

9. COUNTY OF DEATH

12o. USUAL OCCUPATION (Kind of work done

during mast of working life, even if refired.

A P P N TER

130. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER

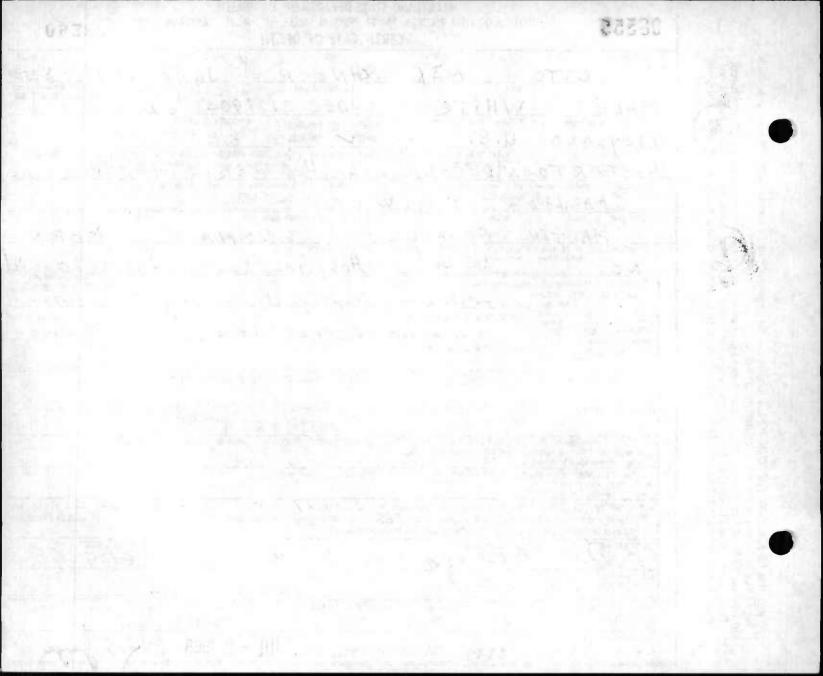
6. AGE (In years last birthday)

6 2 YRS

Address

couses stated obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE

23b. DATE 23o. BURIAL, CREMATION, 7/1/68



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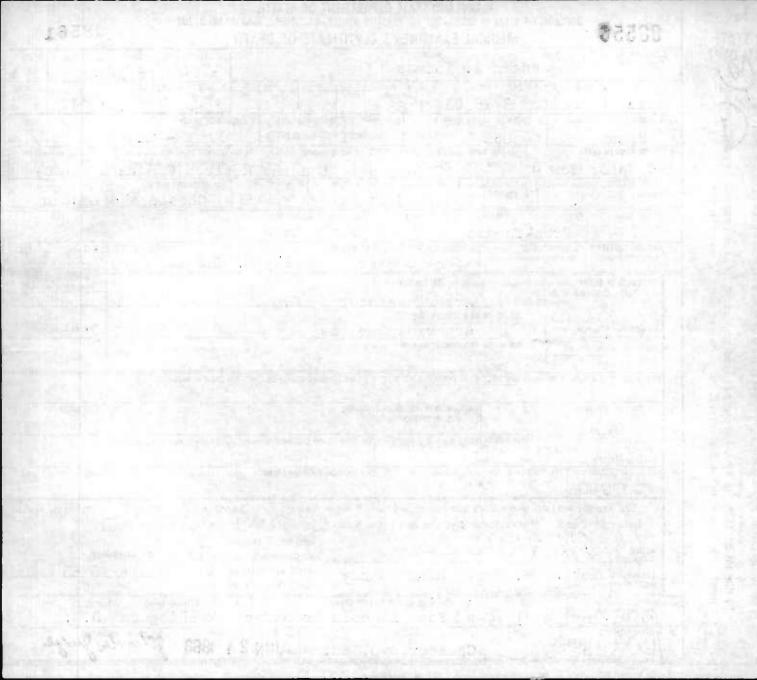
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	000	COT
	DECEASED-NAME First Middle Lost 2a. DATE KNOWN OF ESTI- DEATH MATED DECEASED-NAME First Middle Lost 0F ESTI- DEATH MATED DEATH MATED DECEASED-NAME First Middle Lost 0F ESTI- DEATH MATED DEATH MATED DECEASED-NAME FIRST MIDDLE STORY OF ESTI- DEATH MATED DECEASED-NAME FIRST MIDDLE STORY DECEASED-NAME FIRST MI		
	male white 3/16/03 lost birthday) MONTHS DAYS HOURS MIN. June 18	DEAD Pay 1968	2d. HOUR 1 A
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED DIVORCED 9. COUNTY OF DEATH 101-179) Penna USA WIDOWED DIVORCED Kent - 1	Maryland	Mo
R	LTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if Chesapeake Landing Retired Fin	nanace (12	OF BUSINESS OR
13a.	admission) STATE Md. 13b. COUNTY Kent Chestertown YES No ker No ker No ker No ker Chesage No ker Chesage No ker Chesage No ker No ker No ker Chesage	IBER	
	Frank Thomas Don't know		Last
()	(Yes, na, or unknown) (If yes give wor or dates of service) 198 09 9588 Sally M. Thomas	Chester	townm
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic CVD	BETWE	EEN ONSET AND OEATH
	Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause as the underl	уе	ars
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		
MEDICAL CER	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	r Part 2, Item 18.)	
ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, foctory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City or Tawn	County	State
	death resulted fram: Natural causes XX Accident , Suicide , Homicide , Undetermined ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ACCIDENT ACTUAL ACCIDENT AC	manner 22b. DATE SIGNED	
230	NAME (Type) Chestertown, Md ADDRESS(Street, city, town, or county) Do. BURIAL, CREMATION, 23b. DATE ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	Lost	
1	REMOVAL (Specify) CREMATION 6/21,1968 Fort Lincoln Crematory Washing ADDRESS 250. REC'D BY REGISTRAR 256. PE	gton, D.	, ,
	Chestertown, Md. DAISUN 24 1968	marco y	7

VR A15ME 10M REV. 1.

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH

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